



U.S. Agency for  
International  
Development

Bureau for  
Global Health

# COUNTRY PROFILE

HIV/AIDS

## KENYA

President Mwai Kibaki declared “total war” on HIV/AIDS shortly after his inauguration on December 30, 2002, bringing his personal prestige, commitment, and authority to the fight against this national disaster. The damage caused by the pandemic affects every aspect of life in Kenya. Largely due to AIDS, life expectancy at birth in Kenya dropped from 60 years in 1990 to 45.5 years in 2002.

According to UNAIDS estimates, at the end of 2001, 2.5 million Kenyans were living with HIV/AIDS.

Estimated Number of Adults and Children Living with HIV/AIDS (end 2001)	2.5 million
Total Population (2001)	31.3 million
Adult HIV Prevalence (end 2001)	15%
HIV-1 Seroprevalence in Urban Areas	
Population most at risk (i.e., sex workers and clients, patients seeking care for a sexually transmitted infection, or others with known risk factors)	74.7%
Population not at risk (i.e., pregnant women, blood donors, or others with no known risk factors)	15%

Sources: UNAIDS, U.S. Census Bureau

There are some optimistic indicators; prevalence, for example, appears to be decreasing. The Kenyan Ministry of Health reported that adult prevalence peaked at 10.8 percent in 1999, and recent surveillance figures show that it steadily declined to 10.3 percent in 2002.

Although roughly equal numbers of men and women are infected, women aged 15 to 24 are more than twice as likely to be infected as men in the same age cohort. Factors contributing to the spread of HIV/AIDS in Kenya include the high prevalence of multiple sexual partners, inadequate use of condoms, and population mobility along trade routes. Male circumcision may provide a degree of protection against HIV transmission in some areas.

UNAIDS estimates that at the end of 2001, 890,000 children under age 15 had lost one or both parents to AIDS. This number is projected to increase to 1.5 million by 2010. AIDS was a major cause of the 25 percent increase in mortality in children under age 5 between 1987 and 1997.



Map of Kenya: PCL Map Collection, University of Texas

Several studies from Kenya’s Ministry of Health indicate that high health care costs and lost income due to people’s being ill with HIV/AIDS will be a major burden on the economy. By 2005, Kenya’s gross domestic product is projected to be 14.5 percent lower than it would have been in the absence of AIDS.

## National Response

Kenya is committed to fighting HIV/AIDS. It has a strong team in the Ministry of Health and is exploring ways to coordinate a multi-sectoral response. The private sector, faith-based mission hospitals, and nongovernmental organizations engaged in advocacy and service delivery are all working to address this national disaster.

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Strategies and interventions listed in the Sessional paper, *AIDS in Kenya*, which was passed by Parliament in 1997, include preventing sexual, mother-to-child, and blood-borne transmission, and reducing the impact of AIDS on society.

A national HIV/AIDS strategic plan was completed in 2000. The plan's five priority areas for action are prevention and advocacy; treatment and implementing the continuum of care and support; mitigation of the socioeconomic effects of AIDS; monitoring, evaluation, and research; and management and coordination.

The National AIDS Control Council, the Ministry of Health, and other ministries are actively implementing the policies and strategies outlined in the strategic plan. For example, the government has issued national guidelines for voluntary counseling and testing, prevention and management of opportunistic infections, and prevention of mother-to-child HIV transmission; a national condom policy; and a plan to mainstream gender into the HIV/AIDS strategic plan.

## **USAID Support**

Kenya is one of four "high-priority" countries identified by USAID to receive more resources for HIV/AIDS programming. In 2003, USAID/Kenya allocated \$21.5 million for HIV/AIDS, plus an additional \$4.9 million for activities to prevent mother-to-child transmission, and \$1.6 million to fight tuberculosis.

USAID supports the following programs in Kenya:

### ***Behavior change to reduce sexual transmission***

To reduce sexual transmission and encourage positive behavior change, USAID works with local groups to establish interpersonal and peer counseling programs, communication campaigns, community outreach through peer motivation, participatory meetings, and community theater. USAID supports existing networks of church-affiliated groups and those that represent people living with HIV/AIDS to encourage leadership in HIV/AIDS prevention and care efforts. Programs also work with businesses to develop supportive policies, and prevention and care programs for workers.

Several behavior change communication activities during 2002 promoted the adoption of healthier life styles. For example, episodes 28 through 50 of the popular "Kati Yetu" radio soap opera followed key characters' personal lives and were followed by panel discussions, listening group feedback, interviews, and topical songs. In addition, a project with the Kenya Girl Guides Association has provided more than 20,000 girls and young women with HIV/AIDS peer education and life skills training.

### ***Prevention of mother-to-child transmission***

Every year, about 120,000 HIV-positive women in Kenya become pregnant. Without interventions, they can pass the infection on to their newborns. Due to past support from USAID and other donors, Kenya is now poised for a rapid expansion of its program to prevent mother-to-child transmission of HIV under the President's Emergency Plan for AIDS Relief. A project funded by USAID has already developed and tested a package of services to prevent mother-to-child transmission in Kenya, including clinical guidelines, a training curriculum, operating procedures, and a logistics system. Kenya now has in place the systems needed to support a larger prevention of mother-to-child transmission initiative and has gained experience from several pilot sites. USAID and the Centers for Disease Control and Prevention have received a total of \$7 million to start scaling up these activities in 2003–2004. By the end of that period the number of health facilities providing these services will have doubled, and thousands of women will have received antiretroviral treatment.

### ***Blood transfusion safety***

HIV transmission through unsafe blood transfusions was reduced through the system put in place by USAID following the 1998 Nairobi Embassy bombing. The new Ministry of Health system is made up of five regional blood transfusion centers, trained staff, new equipment, policy guidelines, and donor recruitment activities. The system met its primary objective, preparedness for future disasters, by providing safe blood to the victims of the Thanksgiving Day terrorist attack in Mombasa, in November 2002.

## ***Community-based care and support***

The community-based care and support program works to improve the ability of local communities to identify their needs and to develop and carry out home-based care activities and support for people living with HIV/AIDS and their families. USAID also implements programs to improve tuberculosis diagnosis and treatment services at selected sites.

Working in five districts, USAID's care and support project trained an additional 123 community health workers in 2002, bringing the total number of active community health workers to 400. In line with the recommendations of a 2001 project assessment, these community health workers have been trained to be all-purpose service providers and have helped train an additional 2,264 caregivers in 2002, bringing the total to 15,245 family members and friends able to provide simple nursing care and referrals for other treatment services.

## ***Children affected by HIV/AIDS***

USAID supports several projects to identify and establish sustainable strategies to enable communities to cope with the needs of HIV-positive children and those orphaned by AIDS. For example, USAID's Lea Toto project aided a low-income community in Nairobi to provide holistic care for HIV-positive orphans. This project is implemented by the Children of God Relief Institute, which also manages the Nyumbani Orphanage. Lea Toto assisted nearly 300 orphans and their families in 2002, complementing the support that Nyumbani gave to 80 institutionalized orphans.

## ***Voluntary counseling and testing***

USAID is helping to improve voluntary HIV counseling and testing systems by developing curricula and testing protocols, and by updating national guidelines. In 2002, USAID-supported organizations opened an additional 26 voluntary counseling and testing sites, bringing the total being supported to 56, a large proportion of the roughly 80 sites in operation in Kenya. In 2002, these 56 sites, some of which were operational for fewer than 12 months, served 57,468 clients, up from 11,809 in 2001.

## ***Social marketing of products and health messages***

USAID's use of social marketing to promote condom use to prevent HIV transmission expanded in 2002. Sales of Trust condoms grew to more than 17 million, complementing the public sector distribution of almost 58 million free condoms. Plans are underway for a joint program with the United Kingdom's aid agency to expand rural sales.

Social marketing techniques using private sector advertising methods to promote healthy behaviors were also used to encourage girls not to have sex with older men, to reduce the number of sex partners, and to reduce the stigma toward HIV-positive individuals. For example, Dale Carnegie Training, working through USAID's social marketing project, made a significant contribution to stigma-reduction efforts by training 31 HIV-positive people, thus giving them the public speaking skills and the confidence to talk to groups about their experiences.

## ***Sexually transmitted infection and tuberculosis treatment***

USAID supports the establishment of tuberculosis diagnostic centers and is upgrading clinics in high-transmission areas to provide syndromic treatment for sexually transmitted infections and to improve clinic-based HIV/AIDS care. USAID-supported work to rehabilitate the national TB Reference Laboratory was completed at the end of 2002. This included the purchase of sophisticated laboratory equipment and provisions for staff training; and improvements to the national TB control program's capacity for diagnosis, quality assurance, and monitoring multidrug-resistant TB, an emerging concern.

## ***Intersectoral programs***

Recognizing that AIDS is not just a health problem, USAID supports capacity development of local grassroots savings and credit organizations serving those affected by HIV/AIDS. Promotion of democracy and governance and the prevention of HIV/AIDS require working with similar constituencies (e.g., parliament, local governments, and civil societies); USAID promotes linkages throughout its program, beginning with the Kenyan Parliament.

## ***Research, policy, and advocacy***

USAID advocacy programs target politicians, community and religious leaders, business managers, heads of schools and youth organizations, and public and private sector health providers. Activities include working with nongovernmental organizations to develop strategies for promoting HIV/AIDS prevention education for adolescents, and with parliamentarians and senior officials to help them understand the epidemic and become advocates for strong government and civil society programs to combat HIV/AIDS; building national-level capacity to improve the analysis of sentinel epidemiological and behavioral surveillance data; and building capacity at the district level and among private sector institutions and the uniformed services to provide leadership for AIDS prevention and care.

## ***Strengthening the enabling environment***

In 2002, USAID helped in the development of a number of important national policies, guidelines, and manuals. The latest edition of *AIDS in Kenya* provided authoritative information to guide HIV/AIDS planning. The National Condom Policy establishes a sustainable system of condom supply. The National Home-Based Care Policy and Program and Service Guidelines will ensure that home-based care is linked with existing health services. *Guidelines for District Health Management Boards* and related manuals on the use of cost-sharing revenue will help reduce waste at the district and health center levels. A major USAID project strengthened the national health logistics system so that it can provide HIV test kits and other commodities. Other projects support the national medical training and supervision system, enabling it to upgrade the skills of health care professionals.

## **For More Information**

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Website: <http://usembassy.state.gov/nairobi/wwwhusaid2.html>

USAID HIV/AIDS Website, Kenya: [http://www.usaid.gov/pop\\_health/aids/Countries/africa/kenya.html](http://www.usaid.gov/pop_health/aids/Countries/africa/kenya.html)

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*For more information, see [www.usaid.gov/pop\\_health/aids/](http://www.usaid.gov/pop_health/aids/) or [www.synergyaids.com](http://www.synergyaids.com).*

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